

**DEPARTMENT OF FIRE SERVICES  
MASSACHUSETTS FIREFIGHTING ACADEMY  
STUDENT APPLICATION**

**A** **COURSE INFORMATION**

COURSE TITLE: \_\_\_\_\_

COURSE #:

CLASSROOM SESSION:  LOCATION: \_\_\_\_\_ START DATE: \_\_\_\_\_

PRACTICAL SESSION:  LOCATION: \_\_\_\_\_ START DATE: \_\_\_\_\_

**B** **STUDENT INFORMATION:** APPLICATIONS CAN NOT BE PROCESSED UNLESS ALL INFORMATION IN SECTION B IS COMPLETE.

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL RANK

ID # (SOCIAL SECURITY OR DRIVER'S LICENSE) \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
STREET – (Do not use Fire Dept Addr.) CITY STATE ZIP

PLEASE SUBMIT AN EMAIL ADDRESS IF YOU WOULD LIKE CONFIRMATION: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_

FIRE DEPARTMENT: \_\_\_\_\_ MFIRS/FDID#\*       
\*SEE WEBSITE, <<http://www.state.ma.us/dfs/firedata/fdid.xls>>

EMT #        STATE: \_\_\_\_\_  
(If Appl.)

**PRIORITY SELECTION COURSES:** ALL APPLICANTS WILL RECEIVE LETTERS OF CONFIRMATION.  
**ALL OTHER ACADEMY COURSES:** APPLICANTS WILL BE ENROLLED ON A FIRST COME/FIRST SERVE BASIS. NO CONFIRMATION WILL BE SENT UNLESS COURSE IS OVER-ENROLLED OR CANCELED. NOTIFICATION OF CANCELCATION WILL BE APPROXIMATELY 15 DAYS PRIOR TO COURSE DELIVERY.

I CERTIFY THAT I AM A DULY APPOINTED MEMBER OF THE ABOVE FIRE DEPARTMENT AND THAT I AM AT LEAST 18 YEARS OF AGE.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**C** **REGISTRATION INFORMATION** IF YOU ARE NOT ABLE TO ATTEND, PLEASE NOTIFY THE REGISTRAR.

MAIL APPLICATION TO: REGISTRAR  
MASSACHUSETTS FIREFIGHTING ACADEMY  
P.O. BOX 1025  
STOW, MASSACHUSETTS 01775

FAX APPLICATION TO: (978) 567-3229

IF YOU HAVE ANY QUESTIONS: (978) 567-3200

**MASSACHUSETTS FIRE TRAINING COUNCIL  
PROTECTIVE CLOTHING COMPLIANCE FORM**

**D** In accordance with the Massachusetts Fire Training Council policy for Live Fire Training Exercises and Evolutions, this portion of the form must be completed for each person who registers for any Firefighting Academy program which includes live fire training.

My endorsement in this block indicates that the turnout gear which is brought to training by \_\_\_\_\_

has been purchased by: ☐ this department

☐ the student

and at the time of purchase it complied with the following standards:

OSHA 29 CFR 1910.156(e) (2) (iii)

NFPA Standard on Protective Ensemble for Structural Firefighting that was in effect at the time of purchase.

Chief of Department Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**E**

**LIVE FIRE TRAINING**

This is to certify that : \_\_\_\_\_  
Student Name

has received training to meet the performance objectives of the following sections of the current edition of National Fire Protection Association Standard 1001 to the level of Firefighter I.

Fire Behavior  
Fire Hose and Nozzles  
Fire Streams  
Forcible Entry  
General

Rescue  
Safety  
Self Contained Breathing Apparatus  
Ventilation

In accordance with Massachusetts Firefighting Academy policy for live fire training exercises and evolutions, this applicant should be permitted to participate in live fire training exercises within structures.

Signature of Chief or Training Officer \_\_\_\_\_ Date: \_\_\_\_\_

**F**

**BILLING INFORMATION (If Applicable)**

Billing Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
Street City State Zip

Federal ID #:

One of the following must accompany this application:

Money Order ☐ Bank Check ☐ Purchase Order ☐ Personal Check ☐

PAYABLE TO: THE MASSACHUSETTS FIREFIGHTING ACADEMY TRUST FUND  
\*NOTE: CASH WILL NOT BE ACCEPTED